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CONFIRMATION NO. 1353

SERIAL NUMBER 10/663,307	FILING OR 371(c) DATE 09/16/2003 RULE	CLASS 220	GROUP ART UNIT 3727	ATTORNEY DOCKET NO. 16524
APPLICANTS Dale A. Frantz, Toledo, OH;				
** CONTINUING DATA ***** This application is a CIP of 29/180,327 04/21/2003 PAT D,483,917				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 12/09/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 3				
ADDRESS 50659				
TITLE Handheld container with removable divider				
FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	